

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26802

State File No. ....

FILED AUG 26 1950

3389

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3108</u>		d. STREET ADDRESS (If rural, give location) <u>329 South DRURY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leola Tuberculosis Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>329 South DRURY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Clemmons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 6 1950</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>5-3-1912</u>	
9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u>		IF UNDER 1 WEE Hours <u>3</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Knoxville, Tenn.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard Clemmons</u>			13b. MOTHER'S MAIDEN NAME <u>Josie Mae Benson</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fern Clemmons, Independence, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH          <u>002X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Aug 4</u> , 1950, to <u>Aug 6</u> , 1950, that I last saw the deceased alive on <u>Aug 6</u> , 1950, and that death occurred at <u>3:29 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward P. Altman MD</u> (Degree or title)				23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>8/6/50</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>burial</u>		24b. DATE <u>8/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-8-50</u>		REGISTRAR'S SIGNATURE <u>Steraldine Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Carson Independence, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Tom D Markland

Licensed Embalmer No. 4592

P. O. Address Indep. Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.